



Clinical Congress News

The American College of Surgeons • 83rd Clinical Congress • October 12-17, 1997 • Chicago

Opening Ceremony Lecture:

In 1846: No patient pain, lots of MD gain

Until the year 1846, according to Robb H. Rutledge, MD, FACS, "The operating room was a torture chamber. Opiates, alcohol, mandragora, and mesmerism were of no avail. With the first swift cut of the scalpel, uncontrollable screams burst from the patient and continued unabated with horrible shrieks and struggles until the patient mercifully fainted....The most merciful surgeon was the fastest surgeon."

"The Day Surgery Was Changed Forever" was the topic explored by Dr. Rutledge at yesterday's Opening Ceremony Lecture. Dr. Rutledge is attending surgeon, John Peter Smith Hospital, Fort Worth, TX.

Dr. Rutledge said that the watershed date, October 16, 1846, was the day that William Morton administered ether so that John Warren could painlessly ligate a large vascular malformation in the neck of a patient at the Massachusetts General Hospital.

This was not the first attempt to make surgery painless, Dr. Rutledge said; additionally, both ether and nitrous oxide "were used socially at ether frolics and laughing gas parties."

The genesis of the famous operation began with Horace Wells in 1844. Wells, Dr. Rutledge said, was a dentist

who realized that his patients would have painless dental extractions when inhaling nitrous oxide—he tried the experiment successfully on himself.

Unfortunately, when given the opportunity to publicly demonstrate this anesthesia at Harvard Medical School, his patient's pain appeared not sufficiently deadened, and Dr. Wells was "hissed from the room"—a room in which John Collins Warren was present.

However, Dr. Rutledge said, several physicians steadfastly researched the methods begun by Wells to make dental extractions and reconstructions painless. Some of these physicians were William T. G. Morton, Charles T. Jackson (who had successful experience with ether), John Warren, and Henry Jacob Bigelow (who suggested a wider arena for anesthesia—painless major surgery).

A public attempt was made again, Dr. Rutledge said, on October 16, 1846, by Morton and Warren. This time the attempt resulted in worldwide acclaim.

Dr. Rutledge said that although the use of anesthesia changed the nature of surgery and the image of the surgeon, the "glory of the discovery was marred by a rancorous fight over priority and financial gain....the lives of all three protagonists [Wells, Morton, and



Dr. Rutledge

Jackson] were ruined." However, Dr. Rutledge reminded the audience that, "Despite the sad outcomes of these people's lives, we are grateful for the contributions they made. Wells had the

original concept of inhalation anesthesia. Jackson suggested ether in its purest form, and Morton had the courage and persistence to demonstrate that ether gave safe, reliable anesthesia."

At AUA Lecture

Doctors asked to drop detritus of distance

"We offer our patients our intellectual and technical skills, but rarely do we offer them ourselves," according to Sherwin Nuland, MD, FACS, at yesterday's Opening Ceremony Lecture. In "The Past Is Prologue: Surgeons Then and Now," Dr. Nuland explored the history of medicine, saying that "if we are ignorant of history, we deprive ourselves of our greatest guide to interpreting not only the future, but even the present....to study medicine's history is to study the panorama of ourselves as surgeons."

Dr. Nuland, a prominent medical historian, is clinical professor of surgery at Yale University. Of the many publications he has written, he is perhaps

best known to the general public for his 1994 *How We Die*, which received the National Book Award.

Until the late 18th century, Dr. Nuland said, surgeons had to be swift

and brutal to practice their craft; it wasn't until the arrival of such surgeons as Lorenz Heister, Percival Pott, John Hunter, and Pierre-Joseph Desault, that an intellectualism and hu-

manism brushed the field of surgery. However, Dr. Nuland continued, even in the early 19th century, surgeons still operated without anesthesia and,

(continued on page 2)

In this issue: Key Contact/Grassroots Network survey

For nearly a decade, the College has maintained a Key Contact Network of Fellows who have close ties to members of Congress. Over the years, these key contacts have allowed the College to gain access to legislators in Congress who serve in both leadership positions and on important health care committees that shape policy affecting our patients and the surgical community. Periodically, as the players change in Congress, the College reaches out to the Fellowship for new members to join the Key Contact Network.

Enclosed in this issue of the *Clinical Congress News* is a Key Contact/Grassroots Network questionnaire that we are asking Fellows who are known by legislators to complete and drop off at the Socioeconomic Affairs Department booth in the ACS Resource Center in the registration area of McCormick Place South, or mail to the College's Washington Office, 1640 Wisconsin Ave., NW, Washington, DC 20007.

Surgical Forum dedicated to Dr. Silen

The 48th volume of the *Owen H. Wangenstein Surgical Forum* will be dedicated to William Silen, MD, FACS, at Tuesday morning's panel discussion, "Cell and Molecular Biology of Immunologic Dysfunction Following Trauma and Sepsis." The panel is sponsored by the Committee for the Forum on Fundamental Surgical Problems, and will convene at 10:45 am in S105a of McCormick Place South.

Dr. Silen was born in San Francisco, CA, and graduated Phi Beta Kappa from the University of California at Berkeley in 1946. He completed medical school at the University of California School of Medicine and began his surgical residency at the University of California, San Francisco (UCSF). After serving in the Air Force, he returned to UCSF, where he completed his chief residency in 1957. During his residency, Dr. Silen served as a research fellow with Dr. Harold Harper, and presented his first Surgical Forum paper, "A Comparison of Liver Function Following Eck Fistula and Portocaval Transposition," exactly 40 years ago.

Dr. Silen accepted a faculty position

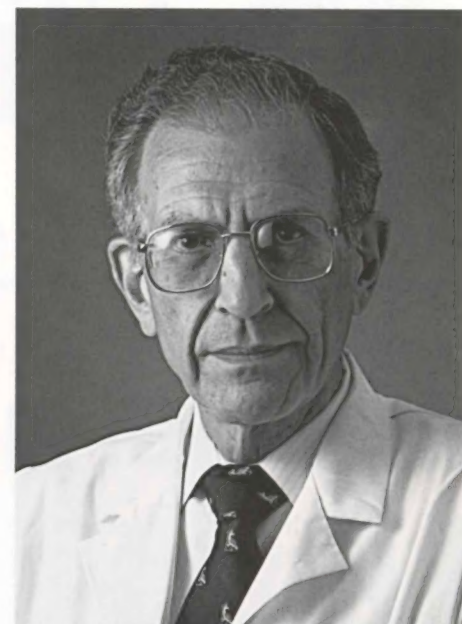
under Ben Eiseman, MD, FACS, at the University of Colorado, Denver, and in 1959 at the age of 32 he was made chief of surgery at the Denver Veterans Administration Hospital. While in Denver, he began his lifelong interest in gastric physiology and the mechanisms of acid secretion. He became chief of surgery at San Francisco General Hospital in 1961. Over the next five years, his research efforts accelerated as he published original investigations in the areas of hepatobiliary, gastric, and pancreatic physiology, and began studies on intestinal epithelial cell growth and function.

In 1966 Dr. Silen was appointed professor of surgery at Harvard Medical School and surgeon-in-chief at the Beth Israel Hospital in Boston, MA, a position he held for 28 years. He is currently Johnson and Johnson Distinguished Professor of Surgery, Harvard Medical School.

In 1978, Dr. Silen became president of the American Gastroenterological Association—only the second surgeon ever to hold the office. He received an NIH Merit Award in 1987 for his remarkable record of research produc-

tivity. He was president of the Society for Surgery of the Alimentary Tract in 1989, and in 1996 was awarded the Julius Friedenwald Medal of the American Gastroenterological Association—the highest honor bestowed by that organization. His numerous other awards include an honorary fellowship in the Royal College of Surgeons in the United Kingdom and election to the Institute of Medicine of the National Academy of Sciences. His 270 original publications include 30 presentations to *Surgical Forum*.

In his dedication of the *Surgical Forum* volume to Dr. Silen, committee member Dana K. Andersen, MD, FACS, states: "A compulsive and dedicated clinician, Dr. Silen also addressed serious clinical issues, such as the nemesis of stress ulceration and gastrointestinal hemorrhage, with clinical refinements derived from basic studies in his laboratory....Bill Silen devoted himself to surgical resident training and taught the comprehensive care of the entire patient. His revision of *Cope's Early Diagnosis of the Acute Abdomen* has matured through five editions and is one of the classic references used in



Dr. Silen

educating medical students and residents....For his career as a consummate surgical educator, a brilliant investigator, and an internationally recognized leader in the field of gastrointestinal physiology, this 48th volume of the *Surgical Forum* is dedicated to William Silen."

AUA LECTURE, from page 1

therefore, speed and a certain callousness toward the cries of the patient were requisites for the successful surgeon: "The clock-driven gladiator who was the surgeon of the mid-19th century is not identifiable among us in this room," Dr. Nuland said.

A paradigm shift in the constitution of the surgeon came with Joseph Lister's promulgation of antiseptics; for surgeons to accept and use the germ theory, Dr. Nuland posited, they would have to know how to use the microscope and be sufficiently trained in science, and "the intellectualism and thoughtfulness of science would have to replace or add to the swiftness and especially boldness that characterized

the surgeon." He added that surgery "became more a procedure done with fingers than with entire hands," and surgeons could not only perform a larger quantity of operations, but could perform more complex ones that involved their newly acquired anatomical esthetic and physiological intellectuality.

"We are a different sort of person than any paradigm of surgeons that preceded us, and I would argue that we pushed our predecessors off the stage rather than inheriting their mantle....We are not their heirs, but their replacements," he said. As much as the paradigm surgeon has evolved over time, Dr. Nuland said, "we do share something with those men that

we have replaced, and it is not something good. ... a well-earned reputation for remaining distanced from our patients, for considering our technical and physiological abilities to be the only thing of worth we are willing to offer them."

Dr. Nuland pointed out that in surgery's past, "everything was at a distance, especially the emotions of the surgeon. The less personal involvement the better. That was a necessity then, but no longer. We should discard it as the detritus of an earlier time."

Dr. Nuland asked today's enlightened surgeons to "see ourselves as we are seen through the eyes of our patients." He continued to say that, "our

patients are people much like ourselves, who have, for what we and they hope will be a very brief moment, given up something of their free will in order to be healed by us."

Dr. Nuland said that emotional connection with the patient is a crucial part of the medical decision-making process, and should no longer be feared, avoided, or viewed as a weakness by the modern surgeon. In concluding, he said that when surgeons categorize people as merely patients, "we deprive not only them but ourselves of the greatest of all the rewards of our profession, the reward that goes beyond being a surgeon, the reward of being a healer."

The following companies have supported the Clinical Congress with advertisements in the Exhibit Guide section of this issue:

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Applied Medical Resources

BFW

Circon Corporation

Closure Medical Corporation

Cogent Light Technologies, Inc.

Computer Motion, Inc.

Davol, Inc.

Elsevier Science

Publishing Company, Inc.

Fischer Imaging Corporation

ME-92 Operations

MegaDyne Medical Products, Inc.

National Surgical Assistant Association

Whittemore Enterprises, Inc.

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Stephen J. Regnier

Associate Editor:

Jennifer F. Herendeen

Photography Editor:

Tina Woelke

Director of Communications:

Linn Meyer

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Items of interest or information must be reported to the office of the *Clinical Congress News* by 11:30 am on the day preceding the desired day of publication.

Governors explore ethics of managed care

On Sunday afternoon in the Hilton, the Board of Governors convened a panel to consider the ethical challenges presented to medicine by managed care. David L. Nahrwold, MD, FACS, Chair of the Board of Governors, served as moderator for the session.

The first speaker was Jack Pickleman, MD, FACS, professor of surgery at Loyola University Medical Center, Maywood, IL. Dr. Pickleman discussed the impact of managed care on the surgeon and the patient/surgeon relationship. "The real fear now is that most cost savings have already been made, and that the only future savings will come from the rationing of health care," he said.

Dr. Pickleman described a number of cases involving questionable medical decisions in the managed care environment that, he said, are becoming all too common. "It is simply unrealis-

tic to expect a family practitioner to make competent decisions regarding surgical treatment," he noted.

The future of medical ethics has been actively challenged by managed care entities, Dr. Pickleman stated. "We as surgeons must stay focused and continue to voice our concerns to HMOs regarding proper medical treatment," he said. "The story goes that the real difference between an HMO, a PPO, and the PLO is that you can negotiate with the PLO," he concluded.

The second speaker was Kaveh T. Safavi, MD, vice-president of medical affairs, United HealthCare of Illinois, Inc., Chicago, IL.

Dr. Safavi discussed ethics and decision making in managed care organizations. He stated that managed care is a series of social contractual responses to health care responsibility in this country.

"It is a fact that one-quarter of the

working population do not receive health benefits through their employers," he stated. For these individuals, the only reasonable alternative is coverage by a family member or third-party payors.

Dr. Safavi said that two options exist regarding the provision of health care: eliminate treatment that is of no value or totally ignore the issue of cost. "Managed care organizations seek to address these options before it comes to rationing care," he said.

The third speaker was Peter Angelos, MD, PhD, assistant professor of surgery, Northwestern University Medical School, Chicago, IL. Dr. Angelos spoke about the ethical challenges presented by managed care from the perspective of a clinical surgeon "in the trenches." He noted that in a managed care setting, there is no call to catch all diagnoses, and "marginal tests" are eliminated. It is important, Dr. Angelos

believes, for the managed care entity to educate the public about this fact.

He cited the results of a recent study of the benefits of managed care and end-of-life treatment that were reported in the September 24, 1997, issue of *JAMA*. The authors, Cher and Linert, reported that managed care procedures are better in limiting the use of "injurious care" at the end of life. Dr. Angelos stated that the study raises some ethical questions—if a patient's family requests expensive and technologically low-yield care and an HMO refuses, does this decision reflect proper quality of care? "We cannot always assume that patients want less in terms of medical care," Dr. Angelos said.

"Physicians must stake out absolute boundaries regarding proper health care, and they must remember that patients are often unaware of medical care left unoffered," he concluded.

Scientific exhibit

ER team trims triage to 10 minutes

Time is a critical factor for patients who are bleeding uncontrollably, or who have massive internal injuries as a result of a high-speed automobile collision, a gunshot wound to the chest or abdomen, or any other life-threatening traumatic injury. These patients must be treated in an operating room within minutes so that surgeons can control the hemorrhaging.

A quick trip to the operating room requires the practice of extremely rapid triage techniques in the emergency department. Trauma team physicians and nurses cannot afford to take precious minutes to resuscitate patients and determine where bleeding is occurring in a step-by-step fashion. The trauma team must open the injured patient's airway through intubation, restore breathing via a chest tube, obtain intravenous access to the circulatory system, and get ultrasound or computed tomography scans of the abdomen, chest, and pericardium—all at the same time, according to Marcel Martin, MD, FRCS, chief of the trauma service at Staten Island (NY) University Hospital.

The emergency room staff at Staten Island University Hospital—which sees only about 1,200 to 1,500 trauma patients a year compared with the tens of thousands treated by many urban emergency departments—can triage trauma patients in 10 minutes because it has developed an intensive weekly training program that emphasizes split-second teamwork. The training methods used at Staten Island University Hospital are illustrated in a scientific exhibit (#303) being presented during

this week's Clinical Congress.

The 12-member trauma group practices on triage techniques in the hospital's cadaver laboratory every Saturday morning. Each member of the group first performs one element of the resuscitation process on a cadaver. "We staff 12 team members at the bedside, so while one member is taking care of the airway, another is taking care of breathing, two more are taking care of circulation, and so on," Dr. Martin explained. Then the team members rotate for the next resuscitation. "We run around the table performing the different techniques three or four times every week," Dr. Martin said.

The team then rehearses in the cadaver laboratory the tactics that they will employ when presented with different trauma patient scenarios. "If a patient doesn't have a problem with the airway but has decreased breath sounds on one side and is in shock, they can immediately place the chest tube on the right side and go for venous access. If the members of the trauma team, after practice, can perform these techniques within 60 to 90 seconds, I want them to figure out what is going on internally with the ultrasound of the abdomen and chest," he added.

Dr. Martin is extending the quick triage and resuscitation concept to other emergency department and critically ill patients as well. "In situations, we are applying the same principles of trauma team intervention to nontrauma patients, because in my opinion there is no difference between a gunshot wound to the abdomen and an acute rupture of the abdominal aorta in the emergency department," he said.

Patients who experience sudden dangerous drops in blood pressure in intensive care or other parts of the hospital also receive the same response. "If the patient is in septic shock or even cardiogenic shock, we approach them exactly the same way. We are resuscitating them rapidly

whether they are on the medical or surgical floors or in the ICU or elsewhere in the hospital," he said.

Coauthors of the exhibit are Murlidhar Pahuja, MD, FACS; James Hurwitz, MD; Terri Ferone, RPA-C; Barbara Lopez, RPA-C; and Richard Spence, MD, FACS.



The ninth edition of the College's Surgical Education and Self-Assessment Program (SESAP) '96-'98 will be on display all week in McCormick Place South. The current edition premiered in October 1995 and will be available through 1998. Visitors to the exhibit will have the opportunity to speak with some of the program's authors and to view the program in all three of its formats—book, diskette, and CD-ROM.

1998 Trauma Papers Competition to be held in Chicago

Papers are now being accepted by the ACS Committee on Trauma, state and provincial chairs, for the 1998 Residents' Trauma Papers Competition, which will be held March 5-7, 1998, during the committee's annual meeting in Chicago, IL.

The competition is open to surgical residents and trauma fellows in the United States, Canada, and Latin America. The papers should describe original research in the area of trauma care and/or prevention categorized in either basic laboratory research or clinical investigation. Papers should be sent to appropriate ACS state/provincial chairs. If the chair is unknown,

you may contact the ACS Trauma Department for that information.

Prize money will be awarded through the generosity of General Motors Research & Development, which has provided the ACS with a grant to promote trauma research. The papers competition is also funded by the Eastern and Western States Committees on Trauma.

Deadline for submission of papers to the state/provincial chair is November 15, 1997. Further information may be obtained at the ACS Resource Center during the Clinical Congress, or by contacting the ACS Trauma Department, 55 E. Erie St., Chicago, IL 60611; tel. 312/664-4050, ext. 380.



At PG 24: Laszlo Tabar, MD, presented a talk on Evaluation and Management of Abnormal Mammograms yesterday in conjunction with Postgraduate Course 24: Image-Guided Breast Biopsy. Dr. Tabar discussed mammographic parenchymal patterns, proper viewing techniques, calcifications on the mammogram, stellate lesions on the mammogram, and circular/oval-shaped lesions on the mammogram. Dr. Tabar will deliver this talk again when the course is presented in Chicago, IL, December 4-6, 1997. For more information on the College's course offerings on breast biopsy, see the Sunday/Monday issue of the *Clinical Congress News*, or contact Gay Lynn Dykman at 312/664-4050, ext. 262.

Scientific exhibit

Laparoscopic surgery safe for fetus during early pregnancy

Should pregnant women undergo laparoscopic surgery? This question has been controversial because of the potential danger to the fetus. A study in a 400-bed community hospital in Bethlehem, PA, however, showed that laparoscopic surgery performed in the early stages of pregnancy was just as safe for the fetus as open procedures. Moreover, patients who underwent a laparoscopic procedure required less postoperative pain medication and returned home from the hospital sooner.

"Surgeons are reluctant to perform laparoscopic surgery on pregnant women during their second or third trimester, because of the size of the uterus, venous distention from the gravid uterus, and potential risk to the fetus. There is little room in the abdominal cavity for the surgeon to oper-

ate in as the uterus gets larger, so it is just more dangerous to place trochars in the abdomen during that time. Laparoscopic surgery presents a sensible approach up to 24 weeks of gestation, because women are on their feet and out of the hospital faster," according to Richard W. Conron, Jr., DO, a surgical resident at St. Luke's Hospital in Bethlehem.

The St. Luke's Hospital study, which is being presented as a scientific exhibit (#112) during the Clinical Congress, included 21 pregnant women who needed surgery because of cholecystitis, appendicitis, or a gynecologic problem that required surgical evaluation. The postoperative course of the 12 women who had laparoscopic surgery was compared with that of nine women who underwent an open procedure. The pregnancies of all the

women in the study had progressed no more than 24 weeks before the operation was performed.

Women who had a laparoscopic procedure required significantly less intravenous or intramuscular analgesics after their operation. None of the women who had a laparoscopic procedure took a narcotic pain-killer after eight hours, while the women who had an open operation continued to take pain medications for up to 30 hours later. Though there was no difference in outcome for the fetus in the two groups of women, laparoscopic surgery might be preferable for women in the early weeks of pregnancy because it would spare the fetus from additional exposure to narcotics, Dr. Conron explained.

The postoperative stay for the women who had laparoscopic surgery also was

much shorter. While the postoperative length of stay for these women was measured in hours—they stayed on average 34 hours—the women who had open procedures remained hospitalized more than three days.

"Right now, we find laparoscopic surgery to be a very favorable technique. The other added benefit of the study is that it was done in a community hospital. That means a woman doesn't have to go to a tertiary care setting to have a laparoscopic procedure performed during the early stages of pregnancy; a community hospital with experienced laparoscopic surgeons is more than adequate to handle the situation," he said.

Joining Dr. Conron in the study were Peter J. Cochrane, MD, FACS; Kristin Abbruzzi, DO; Sara O. Cochrane, MD; and Albert J. Sarno, MD.

Donor pins available

Attendees of this year's Clinical Congress are encouraged to visit the philanthropy booth in the ACS Resource Center, which is located in McCormick Place South. For any size contribution to the ACS Scholarship Endowment Fund, individuals will receive a special lapel button that signifies their support. The fund provides over \$800,000 annually for resident scholarships and faculty fellowships. Information regarding the Fellows Leadership Society and additional philanthropic programs of the College will also be available to attendees at the philanthropy booth.

Convention surplus food will be sent to needy

According to figures from the Physician Task Force on Hunger in America, approximately 20 million Americans go hungry at least a few days each month. In recent years, food assistance organizations in 62 percent of major U.S. cities had to turn people away because of lack of resources.

In an effort to lower these sobering statistics, the College, through the Professional Convention Management

Association's (PCMA) "Network for the Needy," will donate surplus goods from Clinical Congress-related meetings and activities. The PCMA network is composed of meeting professionals and bureau executives from major cities across the country.

For more information about Network for the Needy, contact PCMA at 100 Vestavia Office Park, Ste. 220, Birmingham, AL 35216; tel. 205/823-7262.

Baltimore hosts 26th Spring Meeting

The 26th Annual ACS Spring Meeting will be held April 26-29, 1998, at the Baltimore (MD) Convention Center.

To emphasize its strong commitment to and support of general surgery, the American College of Surgeons devotes its annual Spring Meeting to the interests and needs of the practicing general surgeon.

The Advisory Council for Surgery has planned a program for the 1998 Spring Meeting that will be of interest to all general surgeons. Postgraduate practicum courses in "Image-Guided Breast Biopsy, Ultrasound for the General Surgeon," and "Operative Techniques in Trauma" (a cadaver laboratory practicum) will give hands-on introductions to these useful technologies that have become necessary tools for the modern general surgeon.

The Assembly for General Surgeons on Sunday, April 26, "Acquiring New Surgical Skills," will focus on the introduction of scientific advances and evolutions in surgical techniques into modern surgical practice. This interactive general session encourages discussion by all attendees and participants, so that the views of practicing general surgeons on the important issues facing surgery today can be shared.

Panels on colorectal cancer/surgical diseases of the pancreas, genetic testing for cancer, the surgeon's critical role, and blood-borne pathogens will be complemented by the popular didactic courses in current cancer management, minimal access surgery, and vascular surgery. The Film Program, "Best of the 1997 Clinical Congress," will round out an exciting spring program.

To enhance the educational value of this meeting, technical exhibits will again be displayed. More than 50 companies will present products or services that relate to the practice of surgery.

Fellows, Associate Fellows, and Candidate Group members of the College will be receiving the 1998 Spring Meeting Advance Brochure and registration form in early January.

A preliminary program will be published in the January 1998 issue of the *Bulletin*. Further registration information may be obtained from the Assembly Department at College headquarters.

Registration totals

As of Monday afternoon, total registration for the Clinical Congress was 10,085. Of that number, 5,747 were physicians and the rest were exhibitors, guests, spouses, or convention personnel.

1998 Preliminary Program

Sunday, April 26

ASSEMBLY FOR GENERAL SURGEONS

1:00-5:30 pm
Baltimore Convention Center
Baltimore, MD

Acquiring New Surgical Skills
Moderator: R. Scott Jones, MD, FACS
Charlottesville, VA

New Procedures: Evaluation, Adoption
C. James Carrico, MD, FACS
Dallas, TX

Dissemination of New Technology: Implications for Credentialing
Steven R. Shackford, MD, FACS
Burlington, VT

Ethical Issues of New Technology
Robert M. Tenery, MD, FACS
Dallas, TX

Liability Issues When New Technology Is Disseminated
Susan Adelman, MD, FACS
Detroit, MI

Monday, April 27

8:15-8:30 am
Welcome and Opening Remarks
R. Scott Jones, MD, FACS
Charlottesville, VA

8:30-10:30 am
General Session
Colorectal Cancer
Moderator:
Richard C. Thirlby, MD, FACS
Seattle, WA

11:00 am-12:00 noon
Excelsior Surgical Society/Edward D. Churchill Lecture
Introducer: Hiram C. Polk, Jr., MD, FACS
Louisville, KY
Lecturer:
Claude H. Organ, Jr., MD, FACS
Oakland, CA

12:00 noon-3:30 pm
Exhibits Open

1:30-5:00 pm
General Session
Surgical Disease of the Pancreas
Moderator: John L. Cameron, MD, FACS
Baltimore, MD

1:00-5:30 pm
POSTGRADUATE COURSE 2
Ultrasound for the General Surgeon (Lecture)
(A Hands-On Practicum)
Chair:
Grace S. Rozycki, MD, FACS
Atlanta, GA

5:00-7:00 pm
Exhibits Open
(Reception)

7:00-9:30 pm
Film Program
Highlights from the 1997 Clinical Congress
Introduction: Gerald O. Strauch, MD, FACS
Chicago, IL

Tuesday, April 28

10:00 am-3:30 pm
Exhibits Open

7:30 am-5:30 pm
POSTGRADUATE COURSE 1
Image-Guided Breast Biopsy (A Hands-On Practicum)
Co-Chairs: Kambiz Dowlat, MD, FACS
Chicago, IL
Edgar D. Staren, MD, PhD, FACS
Chicago, IL

POSTGRADUATE COURSE 2
Ultrasound for the General Surgeon (A Hands-On Practicum)
Chair: Grace S. Rozycki, MD, FACS
Atlanta, GA

Workshops:
A) 7:30-9:30 am
B) 10:00 am-12:00 noon
C) 1:00-3:00 pm
D) 3:30-5:30 pm

8:30-11:30 am
POSTGRADUATE COURSE 6
Operative Techniques in Trauma (Lecture)
Chair: Aurelio Rodriguez, MD, FACS
Baltimore, MD
Workshop A: 1:00-5:30 pm

Each of the following Postgraduate Courses will be presented in two sessions:
Session I: 8:30 am-12:00 noon
Session II: 1:30-5:00 pm

POSTGRADUATE COURSE 3
Current Cancer Management
Chair: Jeffrey A. Norton, MD, FACS
San Francisco, CA

POSTGRADUATE COURSE 4

Minimal Access Surgery
Chair: Lee L. Swannstrom, MD, FACS
Portland, OR

POSTGRADUATE COURSE 5

Vascular Surgery, 1998
Chair: William Quinones-Baldrich, MD, FACS
Los Angeles, CA

8:30-10:30 am
General Session
Genetic Testing for Cancer: The Surgeon's Critical Role
Moderator: John E. Niederhuber, MD, FACS
Madison, WI

Wed., April 29

7:30 am-5:30 pm
POSTGRADUATE COURSE 1
Image-Guided Breast Biopsy (A Hands-On Practicum)
Co-Chairs: Kambiz Dowlat, MD, FACS
Chicago, IL
Edgar D. Staren, MD, PhD, FACS
Chicago, IL

POSTGRADUATE COURSE 6

Operative Techniques in Trauma
Chair: Aurelio Rodriguez, MD, FACS
Baltimore, MD
Workshop B: 8:00 am-12:30 pm

9:00 am-12:00 noon
Plenary Session
Blood-Borne Pathogens
Moderator: Lewis M. Flint, MD, FACS
New Orleans, LA

Register online at
<http://www.facs.org>

Registration fees
Fellows: No Fee
Associate Fellows: No Fee
Participants in ACS
Candidate Group: No Fee
Medical Students: No Fee
Guest Physicians: \$225
Residents and Allied Health: \$100
Commercial Representative: \$225
(Fees are subject to change)

Continuing Education Credit
The American College of Surgeons is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians. The American College of Surgeons designates that this continuing medical education offering also meets the criteria for hour-for-hour credit in Category 1 as outlined by the American Medical Association for the Physician's Recognition Award.

Allied Meetings

Tuesday

Morning

CICD

6:30 am - 8:00 am. Breakfast.
Hilton and Towers, 3rd floor, Waldorf Room.

Indiana Chapter, American College of Surgeons,

7:00 am - 9:00 am. Breakfast.
Hilton and Towers, 3rd floor, PDR 1.

General Surgery and Laparoscopy News

7:00 am - 9:00 am. Breakfast.
Hilton and Towers, 3rd floor, PDR 7.

Panamerican Trauma Society

7:00 am - 9:00 am. Breakfast.
Hilton and Towers, 3rd floor, PDR 2.

Thoracic Surgery Director's Association, Curriculum Implementation Task Force

7:00 am - 9:00 am. Breakfast meeting.
Hilton and Towers, 5th floor, 5H.

American Society of Transplant Surgeons, Board Meeting

8:00 am - 2:00 pm. Breakfast meeting and Luncheon.
Sheraton, 2nd floor, Michigan B.

Society for Surgery of the the Alimentary Tract Board Meeting

11:00 am - 3:00 pm. Luncheon.
Sheraton, 2nd floor, Erie.

Afternoon

National Medical Association, Surgical Section

12:00 pm - 2:00 pm. Luncheon.
Hilton and Towers, 3rd floor, Marquette.

The Mont Reid Surgical Society of the University of Cincinnati

12:00 pm - 2:00 pm. Luncheon.
Hilton and Towers, 3rd floor, PDR 2.

American Society of General Surgeons

12:00 pm - 1:30 pm. Luncheon.
Hilton and Towers, 3rd floor, Waldorf Room.

ASCRS-Membership Committee

12:00 pm - 1:30 pm. Meeting.
Hilton and Towers, 5th floor, 5E.

American Society of General Surgeons

2:00 pm - 5:00 pm. Meeting.
Hilton and Towers, 3rd floor, Williford C.

American Society of Colon and Rectal Surgeons-Socioeconomic Committee

3:00 pm - 5:00 pm. Meeting.
Hilton and Towers, 5th floor, 5F.

Pennsylvania Chapters, ACS

3:00 pm - 5:00 pm. Meeting.
Sheraton, 2nd floor, Huron.

James IV Association of Surgeons, Inc.

4:00 pm - 6:00 pm. Meeting.
Hilton and Towers, 4th floor, 4M.

Evening

Clinical Outcomes of Surgical Therapy Study Group- Laparoscopic Colectomy Trial

5:00 pm - 7:00 pm. Meeting.
Hilton and Towers, 4th floor, McCormick Boardroom.

University of Mississippi Surgical Society, Department of Surgery University of Mississippi Medical Center

5:00 pm - 6:00 pm. Meeting.
Palmer House, 6th floor, Parlor E.

University of Rochester Surgical Alumni & Associates

5:30 pm - 7:30 pm. Reception.
Hilton and Towers, 2nd floor, Boulevard C.

Baylor College of Medicine

5:30 pm - 8:30 pm. Reception.
Hilton and Towers, lobby level, Continental B.

SUNY HSC Syracuse, Department of Surgery

5:30 pm - 7:30 pm. Reception.
Hilton and Towers, 3rd floor, PDR 3.

Tulane University Department of Surgery

5:30 pm - 7:30 pm. Reception.
Hilton and Towers, 2nd floor, Boulevard B.

University of California, San Diego-Foundation for Surgical Education

5:30 pm - 7:30 pm. Reception.
Four Seasons Hotel, 1st floor, Delaware.

James D Rives Surgical Society

5:30 pm - 7:30 pm. Reception.
Palmer House, 6th floor, Parlor B.

Brooklyn and Long Island Chapter, ACS

5:30 pm - 7:30 pm. Reception.
Westin Hotel, 2nd floor, Windsor.

University of Chicago, Department of Surgery

5:30 pm - 7:30 pm. Reception.
University of Chicago, Gleacher Center.

American Association of Surgeons of Indian Origin

6:00 pm. Dinner meeting.
Clarion Executive Plaza. 39th floor.

Deterling Surgical Society

6:00 pm - 8:00 pm. Reception.
Hilton and Towers, 3rd floor, PDR 1.

The John Jones Society, Department of Surgery, and The Association of the Alumni College of Physicians and Surgeons of Columbia University

6:00 pm - 8:00 pm. Reception.
Fairmont Hotel, Regent Room.

University of Minnesota Department of Surgery

6:00 pm - 8:00 pm. Reception.
Hilton and Towers, 2nd floor, Normandie Lounge.

Memorial Sloan Kettering Cancer Center Alumni Association

6:00 pm - 8:00 pm. Reception.
Hilton and Towers, 27th floor, Conrad Hilton Suite.

Roy D McClure Surgical Alumni Society of Henry Ford Hospital

6:00 pm - 8:30 pm. Reception.
Hilton and Towers, Lower Level, Mobley.

Department of Surgery, University of Virginia Health Sciences Center

6:00 pm - 9:00 pm. Reception.
Hilton and Towers, 3rd floor, Williford A.

University of Washington Henry N Harkins Surgical Society

6:00 pm - 9:00 pm. Reception.
Hilton and Towers, 3rd floor, Williford B.

University of Nebraska Medical Center

6:00 pm - 8:00 pm. Reception.
Hilton and Towers, 3rd floor, Astoria Room.

University of Illinois - Department of Surgery

6:00 pm - 8:00 pm. Reception.
Hilton and Towers, 8th floor, Lake Ontario.

Dartmouth-Hitchcock Surgical Society

6:00 pm - 8:00 pm. Reception.
Union League Club of Chicago, 1st floor.

UMASS Medical Center Department of Surgery

6:00 pm - 8:00 pm. Reception.
Hilton and Towers, 8th floor, Lake Michigan.

Georgetown University Alumni Association

6:00 pm - 7:30 pm. Reception.
Hilton and Towers, lobby level, Grand Traditions.

UC Davis Surgical Association

6:00 pm - 8:30 pm. Reception.
Palmer House, 3rd floor, PDR 9.

University of Iowa Department of Surgery Alumni

6:00 pm - 8:00 pm. Reception.
Palmer House, 5th floor, PDR 18.

Will C Sealy Surgical Society

6:00 pm - 8:00 pm. Reception.
Palmer House, 3rd floor, Crystal.

John Jones Society, Department of Surgery, Columbia-Presbyterian Medical Center

6:00 pm - 8:00 pm. Reception.
Fairmont Hotel, Regent Meeting Room.

University of North Carolina Surgical Alumni/Nathan A Womack Surgical Society

6:00 pm - 8:00 pm. Reception.
Fairmont Hotel, Crystal Meeting Room.

Mount Sinai Medical Center

6:00 pm - 8:00 pm. Reception.
Fairmont Hotel, Chancellor Meeting Room.

Albany Medical College

6:00 pm - 8:00 pm. Reception.
Fairmont Hotel, Regal Imperial Ballroom.

Northeastern Ohio Universities College of Medicine, Department of Surgery

6:00 pm - 8:00 pm. Reception.
Marriott, 6th floor, Ohio.

The Cleveland Clinic Foundation Alumni Association

6:00 pm - 8:00 pm. Reception.
Marriott, 6th floor, Wisconsin/Purdue.

New York Medical College Surgical Society

6:00 pm - 8:00 pm. Reception.
Marriott, 5th floor, Miami.

Maimonides Surgical Society

6:00 pm - 8:00 pm. Reception.
Palmer House, 3rd floor, PDR 6.

Indiana University School of Medicine Alumni Association

6:00 pm - 7:30 pm. Reception.
Marriott, 6th floor, Indiana.

University of Louisville, Department of Surgery

6:00 pm - 7:30 pm. Reception.
Marriott, 5th floor, Denver/Houston/Kansas City,

Stanford University, Department of Surgery, Department of Cardiothoracic Surgery

6:00 pm - 8:00 pm. Reception.
Sheraton, 2nd floor, Superior A.

Northwestern Alumni Association

6:00 pm - 8:00 pm. Reception.
Sheraton, 2nd floor, Superior B.

Wayne State University Alumni Association

6:00 pm - 7:30 pm. Reception.
Westin Hotel, 3rd floor, Mayfair.

MCV/VCU Department of Surgery

6:00 pm - 8:00 pm. Reception.
Marriott, 5th floor, Chicago F.

James IV Association of Surgeons, Inc.

6:00 pm - 7:00 pm. Reception.
Hilton and Towers, 26th floor, Imperial North.

American Pediatric Surgical Association - Program/Education Committees

6:00 pm - 10:00 pm. Dinner.
Hilton and Towers, 5th floor, 5C.

University of Missouri-Kansas City School of Medicine

6:00 pm - 8:00 pm. Reception.
Holiday Inn Chicago City Center, Superior.

Washington University-Department of Surgery

6:30 pm - 8:30 pm. Reception.
Hilton and Towers, 2nd floor, Boulevard A.

McGill University and University of Toronto Departments of Surgery

6:30 pm - 8:30 pm. Reception.
Hilton and Towers, 3rd floor, Marquette.

Mayo Clinic Alumni Association

6:30 pm - 8:00 pm. Reception.
Hilton and Towers, lobby level, Continental C.

Duke University Surgical Alumni

6:30 pm - 8:00 pm. Reception.
Hilton and Towers, 3rd floor, Waldorf Room.

University of Cincinnati Department of Surgery

6:30 pm - 8:30 pm. Reception.
Hilton and Towers, 3rd floor, Williford C.

Bowman Gray School of Medicine, Department of Surgery

6:30 pm - 8:30 pm. Reception.
Hilton and Towers, 3rd floor, PDR 4.

Allegheny University of the Health Sciences MCP-Hahnemann School of Medicine Department of Surgery

6:30 pm - 8:30 pm. Reception.
Hilton and Towers, 8th floor, Lake Huron.

Lahey Hitchcock Clinic

6:30 pm - 8:00 pm. Reception.
Palmer House, 3rd floor, Cresthill 11.

Fairview Hospital (Health Cleveland) General Surgery Alumni

6:30 pm - 8:00 pm. Reception.
Palmer House, 3rd floor, PDR 4.

Beth Israel Deaconess Medical Center Department of Surgery

6:30 pm - 10:30 pm. Reception.
Fairmont Hotel, International Ballroom.

(continued on page 7)

National Trauma Data Bank takes shape

When the College's Board of Regents approved the undertaking of a trauma registry program several years ago, it did so with the clear purpose of eventually developing a national trauma repository that would provide trauma data for injury information research from trauma centers all over the nation on a voluntary basis, with the ultimate goal of improving care of the injured nationwide. The evolution of the trauma registry program has now progressed to the point where that purpose has taken concrete form as the National Trauma Data Bank (NTDB™) of the American College of Surgeons.

Over the past three and one-half

years, a small collaborative group comprised of Committee on Trauma members, trauma registry vendors, governmental agencies (Health Resources Services Administration, National Highway Traffic Safety Administration, Centers for Disease Control and Prevention) and other interested parties have actively participated in this project. The group began their work by comparing the data elements used by 21 different registries. This information provided appropriate background in defining the goals and purposes of the NTDB. It also helped identify and define a uniform data set, which is collected on the local level yet is useful on a national level to generate

meaningful reports. The completed work is summarized in the NTDB Data Dictionary and Data Submission File Format documents that are available upon request.

With the groundwork complete, the development of the database program that serves as the central repository was undertaken and completed. Operational policies and procedures were established addressing trauma center and patient confidentiality, data access, validation, and data management. The initial NTDB Standard Reports were designed and developed. In late 1996, a call for data was issued to collect 1994-1995 injury data from facilities meeting the data validation and format requirements. UL-

timately, data were accepted from 30 facilities, constituting over 40,000 injury records, representing a wide variety of facilities and four out of five trauma registry vendors. The initial NTDB Standard Reports were generated, are now undergoing a peer-review process; once approved, these reports will be distributed to all facilities participating in the NTDB. In addition, the NTDB data are now available to all participating facilities for benchmarking and for research projects via a simple application process.

To learn more about the NTDB and how you can participate, stop by the NTDB booth in the registration area of McCormick Place South or call 312/649-4048.

Program Changes

Surgical Forum

Colleen M. Brophy, MD, FACS, will moderate the Surgical Forum Vascular Surgery II session on Wednesday morning.

Exhibits

A late entry to the technical exhibit area is Closure Medical Corporation, New York, NY, Booth 1717.

Exhibits open

Scientific and technical exhibits are open 9:30 am - 3:30 pm Tuesday and Wednesday and 9:30 am - 1:30 pm on Thursday.

CME trauma course schedule

The following continuing medical education courses in trauma are co-sponsored by the ACS Committee on Trauma and the Regional Committees on Trauma:

Advances in Trauma

Dec. 12-13, 1997
Kansas City, MO

Trauma and Critical Care—1998

March 15-18, 1998
Las Vegas, NV

Trauma and Critical Care '98—Point/Counterpoint XVII

June 7-10, 1998
Lake Buena Vista, FL

For more information or the latest brochure, please stop by the Trauma Booth, located in the ACS Resources Center, or write to the Trauma Department, 55 E. Erie St., Chicago, IL 60611.

ALLIED MEETINGS, from page 6

South Carolina Chapter, ACS

6:30 pm - 8:00 pm. Reception.
Palmer House, 6th floor, Parlor H.

New Jersey University Programs & ACS Chapter and Benjamin R Rush Jr Surgical Society

6:30 pm - 8:00 pm. Reception.
Palmer House, lobby level, Empire.

Ravdin-Rhoads Surgical Society

6:30 pm - 10:00 pm. Reception/Dinner.
Westin Hotel, 3rd floor, Governors Suite.

Medical Center of Delaware, Department of Surgery

6:30 pm - 8:00 pm. Reception.
Hilton and Towers, 5th floor, 5H.

State University of New York at Stony Brook

6:30 pm - 8:30 pm. Reception.
Marriott, 6th floor, Michigan/Michigan State.

The University of Michigan Department of Surgery

6:30 pm - 8:30 pm. Reception.
The John Hancock, Floor 95, Signature.

University of Utah

7:00 pm - 9:00 pm. Reception.
Hilton and Towers, 3rd floor, Joliet.

Japan Nyhus Family

7:00 pm - 9:00 pm. Dinner.
University Club of Chicago, 1st floor.

Puerto Rico Chapter, ACS

7:00 pm - 10:00 pm. Reception.
Palmer House, 6th floor, Adams Ballroom.

Medical College of Georgia, Department of Surgery and Georgia Chapter, ACS

7:00 pm - 9:00 pm. Reception.
Marriott, 6th floor, Lincolnshire.

Hiram C Polk, Jr Surgical Society

7:00 pm - 11:00 pm. Dinner.
Marriott, 5th floor, Chicago C.

Boston Medical Center, Department of Surgery Alumni and Boston University School of Medicine Alumni Association

7:00 pm - 9:00 pm. Reception.
Hilton and Towers, 2nd floor, Grand Ballroom.

AUB Alumni Surgical Society of North America

7:00 pm - 8:30 pm. Reception.
Sheraton, 2nd floor, Michigan A.

Christian Medical & Dental Society

7:00 pm - 10:00 pm. Dinner.
Palmer House, 4th floor, State Ballroom.

Maryland Chapter, ACS & University of Maryland Surgical Society

7:30 pm - 9:00 pm. Reception.
Palmer House, 3rd floor, PDR 8,

Jefferson Medical College

8:00 pm - 10:00 pm. Dinner.
Palmer House, 6th floor, Monroe Ballroom.

AUB Alumni Surgical Society of North American

8:30 pm - 11:00 pm. Dinner.
Sheraton, 2nd floor, Michigan B.

Wednesday

Morning

Anesthesia Arts, Inc

6:30 am - 7:45 am. Breakfast.
Hilton and Towers, lobby level, Continental A.

International Society of Surgery, US Chapter

6:45 am - 8:00 am. Breakfast.
Hilton and Towers, 3rd floor, Williford B.

American Society of Colon and Rectal Surgeons-Cooperative Clinical Trials

7:00 am - 8:30 am. Breakfast.
Hilton and Towers, 5th floor, 5H.

Association of Women Surgeons

7:00 am - 8:30 am. Breakfast.
Hilton and Towers, 3rd floor, Marquette.

Mosby-Year Book, Inc

7:00 am - 9:00 am. Breakfast.
Hilton and Towers, 3rd floor, Williford C.

Perspectives in Colon and Rectal Surgery Editorial Board

7:00 am - 11:00 am. Breakfast.
Hilton and Towers, 3rd floor, PDR 5.

Surgical Spleen Club

7:30 am - 9:00 am. Breakfast.
Hilton and Towers, 2nd floor, Boulevard A.

Tripler Surgery Program

11:00 am - 1:00 pm. Luncheon.
Hilton and Towers, 3rd floor, Waldorf Room.



The Board of Regents met on Friday. Pictured here are (top row, left to right): Jonathan L. Meakins, Montreal, PQ; Richard R. Sabo, Bozeman, MT; Harvey W. Bender, Jr., Nashville, TN; Paul H. Ward, Los Angeles, CA; C. James Carrico, Dallas, TX; Theodore Lawwill, Prospect, KY; Ronald E. Rosenthal, New Hyde Park, NY; Paul C. Peters, Dallas, TX; and Roger S. Foster, Jr., Atlanta, GA. Front row, left to right: Thomas R. Russell, San Francisco, CA; Samuel A. Wells, Jr., St. Louis, MO; Bernard Langer, Toronto, ON; Thomas J. Krizek, Tampa, FL, Vice-Chair; Seymour I. Schwartz, Rochester, NY, Chair; David G. Murray, Syracuse, NY; Margaret F. Longo, Lafayette, LA; Edward R. Laws, Jr., Charlottesville, VA; Paul E. Collicott, Lincoln, NE; and George D. Wilbanks, Chicago, IL.

Commission on Cancer to hold educational conference

The Commission on Cancer's Second Annual Conference for cancer program leadership is scheduled for Friday and Saturday, November 14-15, 1997, at the Chicago Marriott Downtown, Chicago, IL.

Approved cancer programs play an increasingly important role in the overall cancer control effort. That role is expanding to include cancer prevention, critical pathways, performance measures, outcomes disclosure, community health planning and delivery, management of issues of cost, quality, and continuity, patient support and satisfaction, and clinical research. An important aspect of the conference is the role that facility-based cancer programs play in addressing these challenges.

The conference, "Meeting the Chal-

lenge of Cancer Care While Doing What's Best for the Patient," brings together leaders from health care delivery facilities and networks, employer purchasers of health services, national accreditation organizations, private and academic practice, and Congress. Featured speakers include Samuel A. Wells, Jr., MD, FACS, Director-Designate of the American College of Surgeons; U.S. Representative Rosa DeLauro; Kristen Zarfes, MD, FACS, senior attending surgeon, Shoreline Surgical Associates; Ralph Kimmich, vice-president, director of benefits and compensation, Southwest Airlines, and president-elect, Business Group on Health; and Juliana Simmons, MD, chairman of radiation oncology, Washington Hospital Cancer Center.

The new computerized survey application will be demonstrated, and participants will have opportunities to attend small group sessions on the self-assessment process, use of data to improve care, recruiting and retaining Certified Tumor Registrars, the new Commission on Cancer surgery codes, and AJCC TNM Staging System. The sessions will be repeated to allow participants to attend more than one learning experience.

Invitations were mailed in September to hospital and cancer program administrators, cancer committee chairs, cancer managers and registrars, and Commission on Cancer members and volunteers. The registration fee is \$275 and the deadline to register is **October 31, 1997**. If you would like to register, please send your check, made

payable to The American College of Surgeons, to Elaine Fulton, American College of Surgeons, 55 E. Erie St., Chicago, IL, 60611. Room reservations can be made by contacting the Marriott Hotel at 312/836-0100—refer to the American College of Surgeons' block of rooms. The discounted room rate is \$169 single and \$189 double. The deadline for reservations at this discounted rate is **October 23, 1997**. International Travel Service, Inc. (ITS), the College's designated travel agency, has arranged for discount airfares with two carriers. Please call ITS at 800-225-1535 and refer to United 510NN or Delta RO763. Both offer a current 10 percent discount. For more information about the conference, contact Elaine Fulton at College headquarters, 312/664-4050, ext. 401.